MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATESOF DEATH  DEPARTMENT OF PUBLIC HEALTH AND WELFARES 8  11586 STATE FILE NUMBER								
DO NOT WRITE ON THIS STUB				Registration District No. STATE FILE NUMBER  Registration District No. Registrar's No. STATE FILE NUMBER				
VS 300	le l		 	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: F	Residence , before admission)			
Rev. 4/59	AMENDE			b. CITY (If outside corporate limits, give TOWNSHIP only)  OR TOWN St Louis  C. CITY  OR TOWN St. Louis	Inside Limits			
1	₩ W			c. FULL NAME OF (If NOT in hospital, give location) HOME Inside Limits d. STREET (If cutside, give location)	Reside on Farm			
2 1	烻				Yes No A			
3	4			3. NAME OF DECEASED First Middle Last 4. DATE Month Day, OF DEATH 11-30-1962	Year			
5 1				5. SEX 6. COLOR OR RACE 7. Married 1 Never Married   8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR White Widowed Divorced 1 1-10-1890 72 Months Days	1F UNDER 24 HR Hours Min.			
6	SM			10a. USUAL OCCUPATION (Give kind of work done during meeting) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (City and state or country) 13. BIRTHPLACE (City and state or country) 14. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (CITY and state or country) 14. CITIZEN OF VICE COUNTRY 13. BIRTHPLACE (CITY and state or country) 14. CITIZEN OF VICE COUNTRY 14. CITY AND VICE	WHAT COUNTRY			
7 0	FOLLOW			136. FATHER'S NAME  George Repking  Caroline Diern  14. Name of Husband or Wife  Mary Mueller F	Repking			
8 2	%    ¥			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no NOnknown) (If yes, givo or dates of services, no NOnknown) (If yes, givo or dates of services)  Mary Repking 5037 Louisians				
10	ARE		18. CAUSE OF DEATH (Enter only one cause per ling	ERVAL BETWEEN SET AND DEATH				
11	CORD D OF		DOCUMEN	IMMEDIATE CAUSE (A TIETULA LA CAUSE (A TIETULA CAUSE (A T	Lozgis			
1287 /	INSTEAD		ă	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b)  450,0				
(//	S O			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. If deceased there a pregnant	was female was cy in last 90 days.			
USE BLACK INK OR CYPEWRITER RIBBON	AMENDMENTS			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED?  PART III. If deceased there a pregnan III. III. If deceased there a pregnan III. III. III. III. III. III. III. I	. 1 -			
	AMEN		MEDICAL					
				20d. INJURY OCCURRED WHILE AT WORK   100	STATE			
	) REA			21. Lattended the deceased from 2/10 A M many the date stated above, and to the best of my knowledge, from the car	uses stated.			
	SHOULD		17 OF	22a. SIGNATURE POLICE (Degle or title) TOO HODES TO HER THE PROPERTY OF THE PR	22c. DATE (IGNED)			
	Ö	++-	AFFIDAVIT	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town) or country) BUY 13 1 (Specify) 12-4-1962 S.S. Peter & Paul Cem	(Sfate)			
	ITEM I		BY AF	24. FUNERAL DIRECTOR ADDRESS SO Grand BIVD DEC 3- 1962 FEGISTRAR'S SIGNATURE OF THE STORY OF THE	Y. D.			

## STATEMENT. BY LICENSED EMBALMER

I hereb	by certify that the body whos	e name is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working under	my personal supervision.	Signed Genryl Amgbermned
Student	Signature of Student Embalmer	
62		Licensed Embalmer No. 46 P. O. Address Johns 18 Miles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.